

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

06979

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital
How long in hospital or institution? 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Burkettsville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2. (a) If veteran, name war _____ none

3. (a) FULL NAME

John Mought Abalt

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 22, 1858

8. AGE:

Years 88 Months 4 Days 9 It less than one day _____ hrs. _____ min.9. Birthplace Frederick County, Maryland
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name John Abalt13. Birthplace Frederick County Maryland14. Maiden name Elizabeth Mought15. Birthplace Frederick County Maryland16. Informant Wiggins LadieAddress Emergency Hosp Frederick Md.17. Buried Date thereof 8-7-46
(Burial, cremation, or removal, whichever) (month) (day) (year)Cemetery or crematorium UnionLocation Burkettsville Md18. Funeral director C. N. Feste & BwAddress Brunswick Md.19. Aug 1946 Elizabeth G Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31, 1946 at 6:30 P.M.21. I CERTIFY that death occurred on the date above stated; that it appeared deceased from May 24, 1946 to July 31, 1946and that I last saw him on July 31, 1946Immediate cause of death Broncho-pneumoniaDURATION 3 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Thomas J. M.D.Address Frederick Md. Date signed July 1946

RECEIVED

RECEIVED

RECEIVED

AUG 3 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06980

Reg. Dist. No. 140

1. PLACE OF DEATH:

County Frederick
 City or town Woodsboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Woodsboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. near Ladiesburg
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Etta Roselle Albaugh
 4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Isaac I Albaugh
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) March 28-1872
 8. AGE: Years 74 Months 3 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick Co Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business A t Home

FATHER
 12. Name John Birely
 13. Birthplace Maryland
MOTHER
 14. Maiden name Louisa Schwaber
 15. Birthplace Maryland

16. Informant Mr Melvin Clabaugh
 Address Woodsboro Md Rural Route
 17. Burial Date thereof July 17-1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Haugs Lutheran Cemetery
 Location Ladiesburg Maryland

18. Funeral director Powell & Hartzler
 Address Woodsboro & Libertytown Md

19. July 16 1946
 (Date rec'd by registrar) Registrar L. E. Sporell

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1946 at _____ M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 1946 to July 14 1946
 and that I last saw him alive on July 18 1946
 Immediate cause of death Chronic Myocardial Insufficiency
 Due to Chr. Myocarditis
 Due to _____
 Other conditions _____

DURATION

(Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE L. H. Sporell M. D. or other
 Address Woodsboro Date signed 7-11-46

RECEIVED
JUL 22 1948
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

06981

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick
 City or town Catoctin Furnace - rural
 (If outside city or town limits, write RURAL and give nearest town)
Lifetime
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Catoctin Furnace
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Sarah I. Anders.

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife William Baker Anders
 6.(c) If alive, give age 59 years
 7. Birth date of deceased (mo., day, yr.) June 29, 1887
 8. AGE: Years 59 Months I Days I If less than one day
 hrs. min.

9. Birthplace Catoctin Furnace Fred'k Co. Md
 (Town, county, and state)
 10. Usual occupation Housewife
Home
 11. Industry or business

FATHER 12. Name Charles W. Sweeney
 13. Birthplace Catoctin Furnace, Md
 MOTHER 14. Maiden name Emma Catherine Sweeney (Carson)
 15. Birthplace Catoctin Furnace, Md

16. Informant Elmer Anders
 Address Thurmont, Md. R.D.
 17. Burial Date thereof Aug. 2, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lewistown Cemetery
 Location Lewistown, Md.
 18. Funeral director M. L. Creager & Son
 Address Thurmont, Md.

19. July 31 1946 Blanche S. Eyles
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1946 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 19, 46 to July 30, 19, 46
 and that I last saw him alive on July 29, 19, 46

Immediate cause of death Hypostatic pneumonia DURATION 3 days

Due to Cardiovascular - renal disease 2 yrs.

Due to Hypertension 4 yrs.

Other conditions diabetes mellitus 4 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. Franklin Birch M. D. or otherAddress Thurmont Md. Date signed July 31, 46

RECEIVED

AUG 2 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 109

CERTIFICATE OF DEATH

Reg. Dist. No. 06982 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 years

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 206 East 8th St.
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

LEWIS CALVIN ANDERSON

3. (b) Social Security Number

210-11-2111

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

November 1, 1924

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

21815

..... hrs. min.

8. Birthplace Martinsburg, W. Va.

(Town, county, and state)

10. Usual occupation Cashier-Trans. Company

11. Industry or business

FATHER
MOTHER12. Name Amos T. Anderson13. Birthplace West Virginia14. Maiden name Ollie E. Anderson15. Birthplace West Virginia16. Informant Mr. Amos T. AndersonAddress 206 East 8th St., Frederick, Md.17. Burial Date thereof July 21, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 19 July 19 46
(Date rec'd by registrar)Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 19 46 at 12:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 8 19 46 to July 19 19 46and that I last saw him alive on July 17 19 46

Immediate cause of death

Uremia

DURATION

2 4 50 hrs.

Due to

Algebraic

Due to

Other conditions

Virus pneumonia3 weeks

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

L. R. Schorlman, M.D.
M. D. or otherAddress Frederick, Md. Date signed 7/19/46

RECEIVED
JUL 22 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06983

Reg. Diat. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Frederick Co. Emergency HospitalHow long in hospital or institution? 2 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 518 N. Bentz Street
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

JANE MAUREEN ARMSTRONG

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 9, 1946

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

0010

hrs.

min.

9. Birthplace Frederick Co., Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Junious Armstrong13. Birthplace Frederick Co., Md.14. Maiden name Iris Elizabeth Ogle15. Birthplace Frederick Co., Md.16. Informant Mrs. Junious ArmstrongAddress 518 N. Bentz St., Fred., Md.17. Burial Date thereof 7/21/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Silver CemeteryLocation Mt. Pleasant, Md.18. Funeral director M. R. Etchison & SonAddress Frederick, Md.19. 19 July 1946 Elizabeth G. Hech
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 19 46, at 1A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 1946 to July 19 1946 and that I last saw him alive on July 19 1946

Immediate cause of death..... DURATION

Congenital DeafnessDue to Obstruction

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

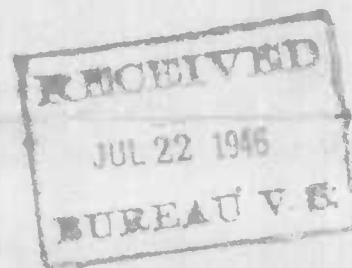
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE..... M. D. or other

Address..... Date signed 7/19/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FredenburgCity or town Fredenburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

Fredenburg Junction

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FredenburgCity or town Fredenburg

(If outside city or town limits, write RURAL and give nearest town)

Street No. 300 W. Patrick

(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME

Mrs. Irene Catherine Baumgardner

3. (b) Social Security Number

none

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

divorced8. (b) Name of husband or wife Louis G. Baumgardner7. Birth date of deceased (mo., day, yr.) Feb. 19 18966. (c) If alive, give age 52 years

8. AGE:

Years

50

Months

4

Days

23

If less than one day

hrs.min.9. Birthplace Fredenburg, Fredenburg, MD

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Denton Stottlemeyer13. Birthplace Wolfeville, Md14. Maiden name Virginia Weisinger15. Birthplace Wolfeville, Md.16. Informant Mrs. Edith AlboughAddress Fredenburg, Md17. (Burial, cremation, or removal. Which?) BurialDate thereof July 14, 1946Cemetery or crematory Int. OlivetLocation Fredenburg, Md18. Funeral director Harry A. Gentry CoAddress Fredenburg, Md.19. 13 July 1946 Elizabeth G. Hech

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 19 46, at 12:12 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

er dead July 12 19 46and that I last saw him live onImmediate cause of death Comp'd fracture of bothleg's, lacerations legsInternal injuriesStroke, hemorrhageDue to Stroke, hemorrhage

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 7.12.46Where did injury occur? Fredenburg Junction, Fredenburg, Md.

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) Route 240Means of injury AutoInjured at work? no23. SIGNATURE P. W. Bauer Deputy Med

M. D. or other

Address FredenburgDate signed wol.

RECEIVED

JUL 15 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1622

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Buckeystown R.F.D.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Buckeystown R.F.D.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
NONE
 2. (a) If veteran, name war _____

3. (a) FULL NAME

AGNES ANN BELL

3. (b) Social Security Number

NONE

4. Sex

Female

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Nathan E. Bell

7. Birth date of

deceased (mo., day, yr.)

January 1, 1869

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

77

6

16

hrs.

min.

9. Birthplace

Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

At Home

FATHER

12. Name

William Price

13. Birthplace

Frederick Co., Md.

MOTHER

14. Maiden name

Sarah Unknown

15. Birthplace

Frederick Co., Md.

16. Informant

Mr. John Bell

Address

Dickerson, Md.

17.

Burial

Date thereof

7/20/46

(Burial, cremation, or removal - Which?)

(month) (day) (year)

Cemetery or crematory

Della A. M. E. Cemetery

Location

Buckeystown, R.F.D.

18. Funeral director

M. R. Etchison & Son

Address

Frederick, Md.

19.

19 July 1946

1946

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 19 46, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1946 to July 17, 1946

and that I last saw him alive on July 17, 1946

Immediate cause of death

Exhaustion

DURATION

Due to

Senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

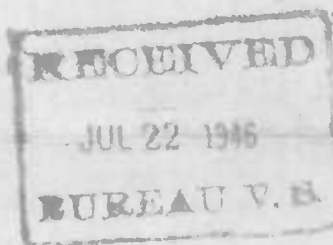
Injured at work?

23. SIGNATURE

Dr. H. G. Boone

M. D. or other

Address Frederick, Md. Date signed 7/18/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13720

CERTIFICATE OF DEATH

06986 131
Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 days
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Myersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

George W. Bittle

3. (b) Social Security Number

212-14-6637

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Widowed

6. (b) Name of _____ for wife Mary Elizabeth7. Birth date of deceased (mo., day, yr.) Oct 27, 1866 6. (c) If alive, give age _____ years

8. AGE: Years Months Days If less than one day

79 8 13 hrs. min.

9. Birthplace Mr. Ellenton, Frederick Co. Md

(Town, county, and state)

10. Usual occupation Banker, President11. Industry or business Myersville Savings Bank12. Name Thomas F. Bittle13. Birthplace Maryland14. Maiden name Mary Waters15. Birthplace Maryland16. Informant D. Edgar BittleAddress Myersville, Md17. Burial (Burial, cremation, or removal, whichever) Date thereof July 13, 1946

(month, day, year)

Cemetery or crematory St. Pauls LutheranLocation Myersville, Md18. Funeral director Paul F. BittleAddress Myersville, Md19. 13-July 1946 Elizabeth G. Hede

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1946 at 9:15 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26, 1946 to July 10, 1946and that I last saw him alive on July 10, 1946

Immediate cause of death _____

Due to UraemiaOther conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE E. H. Hede

M. D. or other _____

Address Myersville Date signed 7-11-46

RECEIVED
JUL 15 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

06987

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Point of Rocks
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

George Randolph Bond

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Mollie Jenkins6. (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.)

April 8, 1871

8. AGE:

Years

Months

Days

If less than one day

74319

hrs.

min.

9. Birthplace Sandyhook, Wash. Co., Md.
(Town, county, and state)10. Usual occupation Retired11. Industry or business B. & O. R. R. Shops12. Name John Bond13. Birthplace Wash. Co., Md.14. Maiden name Mary Bisett15. Birthplace Wash. Co., Md.16. Informant Mrs. G. R. Bond.
Address Point of Rocks, Md.17. Burial Date thereof 7 / 35 / 46
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory St. Pauls Cemetery,
Point of Rocks, Md.

Location

M. R. Etchison & Son,18. Funeral director Frederick, Md.
Address19. 30 July 19 46 Elizabeth V. Heck
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Point of Rocks
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2. (a) If veteran, name war none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 19 46 at 5.45P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 16 19 46 to July 27 19 46
and that I last saw him alive on July 17 19 46

Immediate cause of death

Myocardial infarction

DURATION

1 hr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE [Signature] M. D. or otherAddress Brunswick, Md. Date signed 7/29/46

RECEIVED

AUG 16 1946

BUREAU V.8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06988

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 18 years

Hospital, institution, or street address where death occurred:

167 W. All Saints Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 167 W. All Saints St.

(If rural, give LOCATION)

2. (a) If veteran, name war NONE

3. (a) FULL NAME

MARIE MADGELINE BROWN

3. (b) Social Security Number

NONE

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

James L. Brown

7. Birth date of

deceased (mo., day, yr.)

February 28, 18956. (c) If alive, give age. 55 years

8. AGE:

Years

Months

Days

It less than one day

51422

hrs.

min.

9. Birthplace

Petersville, Fred., Co., Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

At HomeFATHER
MOTHER12. Name William Brooks13. Birthplace Petersville, Fred., Co., Md.14. Maiden name Mary E. Allbrooks15. Birthplace Petersville, Fred., Co., Md.16. Informant Mr. James L. BrownAddress 167 W. All Saints St., Fred. Md.17. Burial
(Burial, cremation, or removal. Which?)

Date thereof

7/24/46
(month) (day) (year)Cemetery or crematory Fairview CemeteryLocation Frederick, Md.18. Funeral director M. R. Etchison & SonAddress Frederick, Md.19. 22 July 46
(Date rec'd by registrar)Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 20 1946 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 19 1946
and that I last saw him alive on July 20 1946

Immediate cause of death

Cerebral hemorrhage

DURATION

20 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

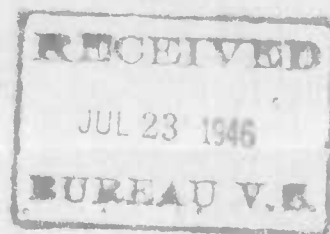
Injured at work?

23. SIGNATURE

R. W. Brown
Deputy Med Ex.

M. D. or other

Address Frederick, Md. Date signed 7-21-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7421

CERTIFICATE OF DEATH

06989

Reg. Dist. No. 141

1. PLACE OF DEATH:

County... FrederickCity or town... Brunswick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

9 East 13

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... FrederickCity or town... Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 9 East 13 St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Jesse Leon Carter

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

B. (a) Single, married, widowed, or divorced

married

B. (b) Name of husband or wife

Eric WeismanB. (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.)

Aug 12th 1890

8. AGE:

Years 55 Months 10 Days 28 If less than one day
hrs. min.

9. Birthplace

Md.
(Town, county, and state)

10. Usual occupation

B. & O. R.R. Conductor Retired

11. Industry or business

Translator

12. Name

Jesse Carter

13. Birthplace

Virginia

14. Maiden name

Mary Hoffmaster

15. Birthplace

Md.

16. Informant

R. J. Carter

Address

Brunswick Md.

17. Burial

(Burial, cremation, or removal Which?) Date thereof... July 14 1946
(month) (day) (year)

Cemetery or crematory

Brithem

Location

Brunswick Md.

18. Funeral director

C. D. Fritz & Son

Address

Brunswick Md.

19. July 13

19 46 Eugenia H. Buie
(Date reg'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 19 46 at 7:15 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1943 to July 10 1946and that I last saw him alive on July 8 19 46

Immediate cause of death

Coronary Occlusion

Due to

Coronary Sclerosis

Due to

Other conditions

Coronary Occlusion

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E. J. Buie
M. D. or other
Address Jefferson Md. Date signed 7/11/46

DURATION

5 mi3 yrs

RECEIVED

JUL 15 1946

BUREAU VE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(46-8)

06990

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 yearsHospital, institution, or street address where death occurred:
320 West Patrick Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 320 West Patrick Street
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

LULA LEE CLEVINGER

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>W</u>
--------------------	------------------------------	---

6.(b) Name of husband or wife Thomas W. Clevenger6.(c) If alive, give age 30 years7. Birth date of deceased (mo., day, yr.) November 26, 1865

8. AGE: Years <u>80</u>	Months <u>8</u>	Days <u>5</u>	If less than one dayhrs.min.
----------------------------	--------------------	------------------	--

9. Birthplace Berryville-Clark-Virginia
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Charles E. Hardesty13. Birthplace Clark County Virginia14. Maiden name Jane L. Anderson15. Birthplace Clark County Virginia16. Informant Mrs. Eleanor V. ZimmermanAddress 320 W. Patrick St., Frederick, Md.17. Burial Date thereof 8/2/46
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Edgehill CemeteryLocation Charlestown, West Virginia18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 1-Aug 19 46 Elizabeth G Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31st, 1946 at 3 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1946 to July 31, 1946and that I last saw him alive on July 30, 1946Immediate cause of death Malnutrition, dehydration, exhaustionDURATION 2 wksDue to Pyloric Obstruction 6 wksDue to Carcinoma Pylorus 6/1Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE A. J. Price M. D.Address Jefferson, Maryland Date signed 7-31-46

RECEIVED
AUG 3 1946
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06991

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick
 City or town Graceham
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Graceham
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Lillie May Crawford.

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Frederick C. Crawford.

7. Birth date of deceased (mo., day, yr.) March 7, 1870 6. (c) If alive, give age years

8. AGE: Years 76 Months 4 Days 23 If less than one day hrs. min.

9. Birthplace Creagerstown, Frederick Co. Md
(Town, county, and state)10. Usual occupation Retired housewife11. Industry or business Home

FATHER 12. Name James A. Groshon
 13. Birthplace Frederick Co., Md

MOTHER 14. Maiden name Lucy Ann Derr
 15. Birthplace Frederick Co., Md.

16. Informant Mrs Edythe Harbaugh
 Address Thurmont, Md.

17. Burial Date thereof August 1, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Graceham Cemetery
 Location Graceham, Md.

18. Funeral director M. L. Creager & Son
 Address Thurmont, Md.

19. July 31 19 46 Blauche S. Eyles
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1946 12:20AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28 19 46 to July 30 19 46
 and that I last saw him alive on July 29 19 46

Immediate cause of death Angina Pectoris DURATION 4 mos.

Due to Arteriosclerosis ?

Due to Hypertension ?

Other conditions Chronic myocarditis ?

(Include pregnancy within 3 months of death)

Major findings of operations none Date of op.

Autopsy results none
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE M. Franklin Birt M. D. or other
Thurmont Md Address Date signed July 31, 1946

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 2 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

CERTIFICATE OF DEATH

Reg. Dist. No. 139

06992

1. PLACE OF DEATH:
 County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 5/8/37
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 5/8/37

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County.....
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1632 N. Washington St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3.(a) FULL NAME
Lee J. Cullum

3.(b) Social Security Number
212-07-3396

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced
 6.(b) Name of husband or wife.....
 7. Birth date of deceased (mo., day, yr.) September 16, 1913
 8. AGE: Years 32 Months 9 Days 24 If less than one day.....hrs.min.
 6.(c) If alive, give age.....years

9. Birthplace Baltimore, Maryland
 (Town, county, and state)

10. Usual occupation Printer

11. Industry or business

FATHER 12. Name Lee J. Cullum
 13. Birthplace Baltimore
 MOTHER 14. Maiden name Irene Ward
 15. Birthplace ?

16. Informant Deceased

Address.....
 17. Unknown Burial Date thereof Unknown 7/13/46
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Unknown Oak Lawn
 Location Unknown Baltimore, Md.

18. Funeral director M. L. Creager & Son
 Address Thurmont, Maryland

19. July 11 1946
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1946 at 11:30P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 8 1937 to July 10 1946
 and that I last saw him alive on July 10 1946

Immediate cause of death.....
Pulmonary Tuberculosis DURATION 9 1/2 Yrs.

Due to.....
 Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?.....
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of Injury..... Injured at work?

23. SIGNATURE J. B. Lynn M. D. MD
State Sanatorium, Md. Date signed 7/11/46

RECEIVED
JUL 12 1946
BUREAU V.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (232)

06993

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 Years
 Hospital, institution, or street address where death occurred:
48 Taney Apartments
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 48 Taney Apartments
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

JOHN LIVINGSTON DAVIS

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
6. (b) Name of husband or wife <u>Emma Jane White</u>		
7. Birth date of deceased (mo., day, yr.) <u>December 12, 1882</u>		
6. (c) If alive, give age. <u>62</u> years		
8. AGE: Years <u>63</u>	Months <u>7</u>	Days <u>12</u> hrs. min.

9. Birthplace Virginia
 (Town, county, and state)
 10. Usual occupation Salesman
 11. Industry or business

MOTHER FATHER	12. Name <u>John Davis</u>
	13. Birthplace <u>Virginia</u>
	14. Maiden name <u>Eliza McCord</u>
15. Birthplace <u>Virginia</u>	

16. Informant Mrs. Emma Davis
 Address 48 Taney Apts., Frederick, Md.

17. Burial Date thereof 7/27/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 26 July 1946
 (Date rec'd by registrar) Registrar Elizabeth G. Heck-

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1946 at 7:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1943 to July 24, 1946
 and that I last saw him alive on July 24, 1946

Immediate cause of death Coronary Thrombosis
Chronic Myocarditis
 Due to ?

Due to ?
 Other conditions ?

(Include pregnancy within 3 months of death)
 Major findings of operations ? Date of op. ?

Autopsy results ?
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide ? Date of ?
 Where did injury occur? ? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) ?
 Cause of injury ? Injured at work? ?

23. SIGNATURE Howard W. Calk M. D.
 Address Frederick, Maryland Date signed 7-25-46

RECEIVED
JUL 27 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06994

Reg. Dist. No.

131

1. PLACE OF DEATH:

County Frederick
 City or town Rural Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 da

Hospital, institution, or street address where death occurred:

Emergency Hospital
 How long in hospital or institution? 9 da

3. (a) FULL NAME

Annie Marconi Sevilbis

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity Rural Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)Street No. no
(If rural, give LOCATION)2. (a) If veteran, name war no

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 19 46 at 12:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 22 19 46 to July 7 19 46
 and that I last saw her alive on July 7 19 46

Immediate cause of death

Arterio-sclerotic C-V. Disease

DURATION

10 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Hanna M.D.
Frederick MD
 Address Frederick MD Date signed July 7, 1946

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Single

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 19 - 1868
 6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day

78 3 18 hrs. min.

9. Birthplace Toms Creek, Fredk Co. Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own home12. Name George C. Sevilbis13. Birthplace Johnsville, Fredk Co. Md.14. Maiden name Sarah Sevilbis15. Birthplace Johnsville, Fredk. Co. Md.16. Informant George C. SevilbisAddress Emmitsburg, MD17. Burial Date thereof July 9 - 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematorium Reynoldsville Cem.Location Reynoldsville Carroll Co. Md.18. Funeral director M. L. CreagerAddress Charmont MD19. July 9 19 46 Elizabeth H. Heck
(Date rec'd by registrar) Registrar

UNITED STATES DEPARTMENT OF JUSTICE
BUREAU OF PRISONS
WASHINGTON, D. C.

RECEIVED
JUL 12 1946
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 Years
 Hospital, institution, or street address where death occurred:
360 West Patrick Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 360 West Patrick Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

FRANCIS EPPLEY, JR.

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M
 6. (b) Name of husband or wife Virgie G. Main
 6. (c) If alive, give age 67 years
 7. Birth date of deceased (mo., day, yr.) February 22, 1878
 8. AGE: Years 68 Months 4 Days 11 If less than one day
 hrs. min.

9. Birthplace New Market-Frederick-Maryland
 (Town, county, and state)
 10. Usual occupation Plumber

11. Industry or business

FATHER 12. Name Francis Eppley, Sr.
 13. Birthplace Frederick County Maryland
 MOTHER 14. Maiden name Mary Lease
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Virgie G. Main
 Address 360 W. Patrick St., Frederick, Md.

17. Burial 7/5/46
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 3 July 1946 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3rd, 1946 at 10:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
 and that I last saw him DEAD July 3rd, 1946

Immediate cause of death Coronary Thrombosis
 DURATION 1 hr (?)

Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Charles H. Corley Deputy Medical Examiner
 M. D. or other
 Address Frederick, Maryland Date signed 7-3-46

RECEIVED

JUL 5 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (181)

CERTIFICATE OF DEATH

06996

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? Since May 15, 1946

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #5
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Gambrill Park

(If rural, give LOCATION)

2. (a) If veteran, name war World War I

3. (a) FULL NAME

CHARLES CARROLL FITZHUGH

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife Grace Elizabeth Hyatt7. Birth date of deceased (mo., day, yr.) August 14, 1891
6. (c) If alive, give age 35 years

8. AGE:

Years

Months

Days

If less than one day

541111

hrs.

min.

9. Birthplace Detroit, Mich.

(Town, county, and state)

10. Usual occupation Retired Army Officer11. Industry or business U. S. Army12. Name Henry Fitzhugh, Sr.13. Birthplace New Orleans, La.14. Maiden name Winnifred Poe15. Birthplace Washington, D. C.16. Informant Mrs. Grace FitzhughAddress R. F. D. #5, Frederick, Maryland17. Burial Mount Olivet Cemetery Date thereof 7/27/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Frederick, MarylandLocation Frederick, Maryland19. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 26 July 1946 Elizabeth G. Heck.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25th, 1946 at 6:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 July 25th, 1946 to 19 July 25th, 1946
and that I last saw him alive onImmediate cause of death Meningitis
from cho. pneumonia
Septicemia

DURATION

1 wkDue to 2 + 3 degree burns of10 wksDue to fractured, lacerated &
abdomen.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 7/25/46Where did injury occur? Route 5, Frederick, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury clothes caught on fire Injured at work? no
from cigarette

Deputy Medical

23. SIGNATURE R. W. Bau Examiner

M. D. or other

Address Frederick, Maryland Date signed 7-25-46

RECEIVED

JUL 27 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

06997

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Montevue - Co. Home
6 weeks

How long in hospital or institution?

3. (a) FULL NAME

JOHN CALVIN FLOOK

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife Collie Mae McBride

7. Birth date of deceased (mo., day, yr.) February 3, 1867
 6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

79

5

18

hrs.

min.

9. Birthplace Middletown-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name J. Henry Flook13. Birthplace Frederick County Maryland14. Maiden name Leahon Brandenburg15. Birthplace Washington County Maryland16. Informant Miss Mary L. FlookAddress Bethesda, Maryland

17. Burial Date thereof 7/25/46
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Reformed CemeteryLocation Middletown, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 25 July 1946 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Middletown
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2. (a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21st, 1946 at 7:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 20 1946 to July 21 1946and that I last saw him alive on July 21 1946

Immediate cause of death

Aorta - sclerotic
cardio-vascular disease

DURATION

10 years

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Kuno M. D.
 M. D. or other

Address Frederick, Maryland Date signed 7-23-46

RECEIVED

JUL 27 1946

BUREAU V 6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

06998

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred Emergency Hospital
 How long in hospital or institution 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. P.F.A. #1
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Leo Frankline Fritz

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced -

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 8, 1946 8. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
27 hrs min.

9. Birthplace Frederick, Md., Maryland
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Leo Sylvester Fritz

13. Birthplace Frederick County, Maryland

14. Maiden name Stella Catherine Smith

15. Birthplace Frederick County, Maryland

16. Informant Virginia Edie

Address Emergency Hsp. Frederick, Md.

17. Burial Date thereof July 6, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Local home

Location near Unionville

18. Funeral director E. C. Barton

Address Walpersville, Md.

19. 5 July 19 46 Elizabeth B. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1946 at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2 19 46 to July 4 19 46 and that I last saw him alive on July 4 19 46

Immediate cause of death Pneumonia DURATION 5 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Hanna M.D. M. D. or other

Address Frederick, Md. Date signed July 5, 1946

MARGIN RESERVED FOR BINDING

VS-415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

JUL 6 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06999

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 YearsHospital, institution, or street address where death occurred:
17 East Sixth Street

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 17 East Sixth Street
(If rural, give LOCATION)2.(a) If veteran, name war... None

3. (a) FULL NAME

RUTHER V. HAMMOND

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female Colored Widow6. (b) Name of husband or wife Charles Hammond7. Birth date of deceased (mo., day, yr.) Unknown8. AGE: Years 78 ? Months ? Days ? If less than one day
..... hrs. min.9. Birthplace Unknown
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name William H. Robinson13. Birthplace Maryland14. Maiden name Henrietta Jackson15. Birthplace Maryland16. Informant Family Records

Address

17. Burial Date thereof 7/24/46
(Burial, cremation or removal. Which?) (month) (day) (year)Cemetery or crematory Fairview CemeteryLocation Frederick, Md.18. Funeral director M. R. Etchison & SonAddress Frederick, Md.19. 24 - July 1946 Elizabeth G. Heath
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1946 at 5 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19and that I last saw ex. died July 20 1946Immediate cause of death Cerebral vascularDURATION minutes

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. W. B. A. M. D. or otherAddress Frederick, Md. Date signed 7.20.46

RECEIVED
JUL 27 1945
BUREAU V A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 390

CERTIFICATE OF DEATH

07000 131
Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 8 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County LoudounCity or town Leesburg
(If outside city or town limits, write RURAL and give nearest town)Street No. Loudoun Co.
(If rural, give LOCATION)2.(a) If veteran, name war None ✓

3. (a) FULL NAME

John Alexander Hope

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White6. (a) ~~Single, married, widowed, or divorced~~Widowed

6. (b) Name of husband or wife

Cora M. Hope

7. Birth date of deceased (mo., day, yr.)

July - 20 - 1880

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

651117

hrs.

min.

9. Birthplace

HAMILTON, VIRGINIA

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

Charles W Hope

13. Birthplace

Virginia

MOTHER

14. Maiden name

Annie C Kuhlmann

15. Birthplace

Virginia

16. Informant

Address

Mrs. Ray Stammers
Leesburg Va

17.

(Burial, cremation, or removal, which?)

Date thereof July - 9 - 1946
(month) (day) (year)

Cemetery or crematory

Union Cemetery

Location

Leesburg, VA

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

July 7, 19 46

(Date rec'd by registrar)

Elizabeth Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 719 46

at

1:45 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 3019 46

to

July 719 46and that I last saw him alive on July 719 46

Immediate cause of death

Rocky mountain
spotted fever

DURATION

10 Days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

H Laurence Fahmy MD

M. D. or other

Address

Frederick Md

Date signed

7-7-46

RECEIVED

JUL 10 1946

BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (112)

CERTIFICATE OF DEATH

07001

★ Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 9 East Fourth Street
(If rural, give LOCATION)2. (a) If veteran, name war None

3. (a) FULL NAME

ETHEL BURDETTE KREIMER

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Clinton A. Kreimer6. (c) If alive, give age 75 years7. Birth date of deceased (mo., day, yr.) July 1, 1883

8. AGE: Years 63 Months 0 Days 8 If less than one day
 hrs. min.

9. Birthplace Woodstock, Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name William D. Webb13. Birthplace Howard County Maryland14. Maiden name Anna V. Stackhouse15. Birthplace Howard County Maryland16. Informant Clinton A. KreimerAddress 9 E. 4th St., Frederick, Md.

17. Burial 7/11/46
 (Burial, cremation, or removal. Write in) Date thereof (month) (day) (year)

Cemetery or crematory Hood CemeteryLocation Near Ridgeville, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 10 July 19 46 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 9 19 46, at 5:20A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7 19 46 to July 9 19 46.
 and that I last saw him/her alive on July 9 19 46.

Immediate cause of death Bronchial Asthma DURATION 25 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Thomas J. M. D.

Address Frederick, Md. M. D. or other
 Date signed July 9, 1946

OFFICE OF THE SECRETARY OF THE ARMY

OFFICE OF THE SECRETARY OF THE ARMY

RECEIVED

JUL 12 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07002

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Nr. Mt. Pleasant
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2. (a) If veteran, name war NONE

3. (a) FULL NAME

John Henry Linton

3. (b) Social Security Number

NONE

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower6. (b) Name of ~~husband~~ or wife Florence R. Ford

7. Birth date of deceased (mo., day, yr.)

February 9, 1868

8. AGE: Years Months Days If less than one day

7858hrs. min.9. Birthplace Virginia
(Town, county, and state)10. Usual occupation Retired Farmer

11. Industry or business

12. Name Samuel Linton13. Birthplace Virginia14. Maiden name Annie Elizabeth Snyder15. Birthplace Virginia16. Informant Mr. Martin LintonAddress Frederick R.F.D. #117. Burial Date thereof 7/21/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or ~~accretory~~ Brook Hill CemeteryLocation Nr. Yellow Springs, Md.18. Funeral director M. R. Etchison & SonAddress Frederick, Md.19. 19 July 1946 Elizabeth G Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 1946 at 8:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 23, 1945 to July 17, 1946and that I last saw him alive on July 16, 1946Immediate cause of death Carcinoma sigmoid

DURATION

1 year

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

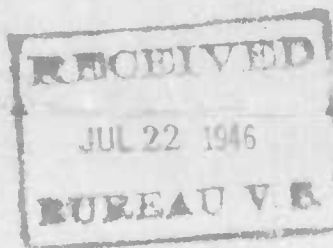
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Kumas Jr.Address Frederick, Md. Date signed 7/18/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-2)

07003

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County..... **Frederick**
 City or town..... **Emmitsburg- rural**
 (If outside city or town limits, write RURAL and give nearest town)
Lifetime
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... **Maryland** County..... **Frederick**
 City or town..... **Emmitsburg- rural**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... **None**
 (If rural, give LOCATION)
No.
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Mary Cecelia McCullough.

3. (b) Social Security Number

None.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced	
Female	White	Single	
6. (b) Name of husband or wife.....			
6. (c) If alive, give age..... years			
7. Birth date of deceased (mo., day, yr.) June 30, 1929			
8. AGE:	Years	Months	Days
	17	0	11
hrs.min.		

8. AGE: Years Months Days If less than one day
 17 0 11hrs.min.
 9. Birthplace..... **Gettysburg, Adams Co., Pa.**
 (Town, county, and state)
 10. Usual occupation..... **A student**
 11. Industry or business..... **High School**
 FATHER
 12. Name..... **Richard J. McCullough**
 13. Birthplace..... **Carlisle, Penna.**
 MOTHER
 14. Maiden name..... **Madelyn Griffith**
 15. Birthplace..... **York, Penna.**
 16. Informant..... **Richard J. McCullough**
 Address..... **Emmitsburg, Md.**

17. Burial place..... **Burial place's** Date thereof..... **July 15, 1946**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... **St. Anthony's**
 Location..... **St. Anthony's, Md.**
 18. Funeral director..... **M. L. Creager & Son**
 Address..... **Thurmont, Md.**

19. **July 13** 19 **46** **W. R. Shuff**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **July 11, 1946** at **2:30 PM**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **1931** to **July 11, 1946**
 and that I last saw him alive on **July 5, 1946**

Immediate cause of death..... **Patent ductus arteriosus -**
congenital - since birth

Due to..... **congenital -**
 Due to.....

Other conditions.....
 (Include pregnancy within 8 months of death)

Major findings of operations.....
 Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... **W. R. Shuff MD**
 M. D. or other
 Address..... **Emmitsburg, Md.** Date signed..... **7-12-46**

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 16 1946

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07004 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 years
Hospital, institution, or street address where death occurred:
1606 N. Market St.
How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County _____
City or town Lacey Springs
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2(a) If veteran, name war _____

3. (a) FULL NAME

JOSEPHINE ELIZABETH MYERS

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or Jacob S. Myers

7. Birth date of deceased (mo., day, yr.) 2-26-1866 8. (c) If alive, give age _____ years

8. AGE: Years 80 Months 4 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace Lacey Springs - Virginia
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Simon P. Summers

13. Birthplace Lacey Springs - Va.

14. Maiden name Catherine Kline

15. Birthplace New Market, Va.

16. Informant Mr. Earl L. Myers

Address 1606 N. Mkt. St. - Frederick Md.

17. Burial Date thereof 7-23-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fennville Cemetery

Location Broadway - Virginia

18. Funeral director C. E. Cliffe & Son

Address Frederick - Md.

19. 22 July 19. 46 Elizabeth L. Herb.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 19. 46 at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 19. 46 to July 19 19. 46

end that I last saw him alive on July 16 19. 46

Immediate cause of death _____

Due to _____

Due to _____

Other conditions Serious

(Include pregnancy within 8 months of death)

Major findings of operations None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A. Austin Pearce M.D.

Address Frederick, Md. Date signed 7/20/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

RECEIVED

JUL 23 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

07005

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick
 City or town... Frederick, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 months
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 10 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
District of Columbia
 City or town... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 5031 5th Street, N.W.
 (If rural, give LOCATION)
 2. (a) If veteran, name war... NONE ✓

3. (a) FULL NAME

DR. ROBERT IRVIN MYERS

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Estella Varney
 7. Birth date of deceased (mo., day, yr.) January 19, 1885 6. (c) If alive, give age 62 years
 8. AGE: Years 61 Months 6 Days 1 If less than one day hrs. min.

9. Birthplace Frederick Co., Md.
 (Town, county, and state)
 10. Usual occupation Retired Druggist
 11. Industry or business Owner of Business
 12. Name Charles A. Myers
 13. Birthplace Frederick, Md.
 14. Maiden name Romona Fox
 15. Birthplace Frederick, Md.

16. Informant Mrs. Robert I. Myers
 Address 5031 5th. St., Washington, D. C.
 17. Burial Date thereof 7/22/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mt. Olivet Cemetery
 Location Frederick, Md.
 18. Funeral director M. R. Etchison & Son
 Address Frederick, Md.

19. 22 July 19 46 Elizabeth G. Heck.
 (Date rec'd by registrar) Registrar

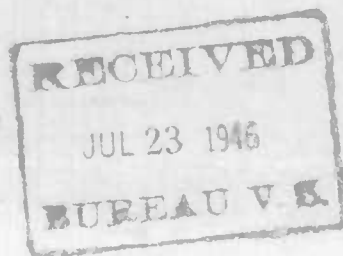
MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 19 46 at 11 A.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20 19 46 to July 20 19 46
 and that I last saw him alive on July 20 19 46
 Immediate cause of death

Cerebral Haemorrhage
 Due to hypertension
 Due to arteriosclerosis
 Other conditions arteriosclerosis
 (Include pregnancy within 3 months of death)
 Major findings of operations none
 Date of op. none
 Autopsy results none
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of none
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE A. A. Pierre M.D.
 Address Frederick, Md. Date signed 7/21/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (272)

CERTIFICATE OF DEATH

Reg. Dist. No. 07006131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 19 Jefferson Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war NONE

3. (a) FULL NAME

ELMER ELLSWORTH NIKIRK

3. (b) Social Security Number

214-10-5035

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced
 6. (b) Name of husband or wife Goldie Mae Brandenburg
 6. (c) If alive, give age 50 years
 7. Birth date of deceased (mo., day, yr.) August 7, 1894
 8. AGE: Years 51 Months 11 Days 14 If less than one day
 hrs. min.

8. Birthplace Monrovia, Fred., Co., Md.
 (Town, county, and state)
 10. Usual occupation Truck Driver
 11. Industry or business Maryland Transportation Co.

12. Name George D. Nikirk
 13. Birthplace Middletown, Md.
 14. Maiden name Amanda Smith
 15. Birthplace Middletown, Md.

16. Informant Elmer R. Nikirk
 Address Frederick, Md.

17. Burial Date thereof 7/23/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Methodist Cemetery
 Location Kemptown, Maryland

18. Funeral director M. R. Etchison & Son
 Address Frederick, Maryland

19. 23 July 1946 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1946 at 3:30p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 1946 to July 21, 1946
 and that I last saw him alive on July 21, 1946

Immediate cause of death Intestinal Hemorrhage
 DURATION 5 days

Due to Post-operative - Cholera, Shistosoma
& Cholecholethiasis 11 days

Due to Cholera, Shistosoma 2 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Chronic Cholera, Shistosoma
Intestinal Arteriosclerosis Date of op. July 10

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Frank Selbach
 M.D. or other
 Address Frederick, Md. Date signed 7/22/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 24 1946
BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

0700732

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new-born infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

46

Marie Gladhill

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

1946, at 6:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her alive on

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 7-10-46

RECEIVED

JUL 15 1946

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23

CERTIFICATE OF DEATH

★ 07008
131

Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 3 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 241 Phebus Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

FRANK BENJAMIN ONLEY

3. (b) Social Security Number

None4. Sex M 5. Color or race C 6. (a) ~~Single, married, widowed, or divorced~~ W6. (b) Name of husband or wife Mary Jane Thornton

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 18738. AGE: Years 73 Months 2 Days 28 If less than one day hrs. min.9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name J. Edward Onley13. Birthplace Frederick County MarylandMOTHER 14. Maiden name Mary Joyce15. Birthplace Frederick County Maryland16. Informant Mrs. George ThompsonAddress Ijamsville, Md. - Rural17. Burial 8/3/46
(Burial, cremation, or removal, which?) Date thereof (month) (day) (year)Cemetery or crematory Fairview CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 2 Aug 19 46 Elizabeth G. Hecks
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31st 19 46, at 10:50 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28 19 46 to July 31 19 46 and that I last saw him alive on July 31 19 46Immediate cause of death Cerebral hemorrhage DURATION 4 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard H. M. D. M. D. or otherAddress Frederick, Maryland Date signed 8-2-46

RECEIVED

AUG 3 1946

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07009

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 5/27/46
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 5/27/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Prince George
City or town New Fort Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rt. 2. 8780 New Ft. Wash.
(If rural, give LOCATION)
2.(a) If veteran, name war ☒

3. (a) FULL NAME

Minnie Florence Pool

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband Noah C. Pool 6.(c) If alive, give age 59 years
7. Birth date of deceased (mo., day, yr.) Sept. 28, 1890
8. AGE: Years 55 Months 9 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business _____

FATHER 12. Name William Boughter
13. Birthplace Maryland
MOTHER 14. Maiden name Mary Berry
15. Birthplace Maryland

16. Informant May E. Pool (Daughter)
Address 170 - 35th St. N.W., Wash., D.C.

17. Burial Date thereof July 20, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Fort Lincoln Cemetery
Location 3201 Bladensburg Rd. Wash. D.C.

18. Funeral director W. W. Chambers Co.
Address Washington, D.C.

19. _____ 19 _____
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 19 46 at 7:25 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 27 19 46 to July 17 19 46
and that I last saw her alive on July 17 19 46

Immediate cause of death
Pulmonary Tuberculosis

DURATION
2 Yrs.

Due to _____
Due to _____
Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE J. P. Linn M. D. PHYSICIAN
Address State Sanatorium, Md. Date signed 7/18/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 19 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-2)

07010

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH

County FrederickCity or town Woodsboro
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Woodsboro
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Elmer Meade Powell

3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Widower6. (b) Name of husband or wife Nettie Letherman

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 18638. AGE: Years 82 Months 10 Days 6 If less than one day hrs. min.9. Birthplace Lewisstown Md.
(Town, county, and state)10. Usual occupation Retired Farmer

11. Industry or business

12. Name Lewis J. Powell13. Birthplace Lewisstown Md.14. Maiden name Hannah E. Gough15. Birthplace Lewisstown Md.16. Informant W. Sherman PowellAddress Woodsboro Md.17. Burial Date thereof July 15, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory N.Y.T. HomeLocation Woodsboro Md.18. Funeral director Powell & HartzlerAddress Woodsboro Md.19. July 14, 1946 L. C. Powell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 12, 1946 at 11:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1, 1946 to July 12, 1946and that I last saw him alive on July 12, 1946Immediate cause of death Apoplexy

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Costin Day M. D. or otherAddress Dolkesville, Md. Date signed July 13, 1946

RECEIVED
JUL 22 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07011

Reg. Dist. No. 132

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new-born infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex.....

5. Color or race.....

6. (a) Single, married, widowed, or divorced.....

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.).....

8. AGE:

Years.....

Months.....

Days.....

If less than one day

81

2

18

hrs.

min.

9. Birthplace.....

(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER

12. Name.....

MOTHER

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial

(Burial, cremation, or removal, which)

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. July 12 1946

(Date rec'd by registrar)

Marie Gladhill

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

July 10 1946

at.....

940 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 10 1946 to July 10 1946

and that I last saw him alive on July 10 1946

Immediate cause of death.....

DURATION

Coronary Occlusion

2 hrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Date signed... 7-11-46

RECEIVED
JUL 15 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07012
139

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 7/29/46
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 7/29/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County _____
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1607 N. Broadway
(If rural, give LOCATION)
2.(a) If veteran, name war _____ ✓

3. (a) FULL NAME

Christian Rogers

3. (b) Social Security Number

213-16-3748

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced
6. (b) Name of husband or wife _____
7. Birth date of deceased (mo., day, yr.) Sept. 14, 1904 6. (c) If alive, give age _____ years
8. AGE: Years 41 Months 10 Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Savannah, Ga.
(Town, county, and state)
10. Usual occupation Sailor and painter
11. Industry or business _____

FATHER 12. Name Jordan Rogers
13. Birthplace Georgia
MOTHER 14. Maiden name Minnie Shuman
15. Birthplace Georgia
16. Informant Deceased

Address Burial 8/3/46 Date thereof _____
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory London Park
Location Baltimore, Md.
18. Funeral director M.L. Creager & Son
Address Thermont, Md.
19. 7/31/46 Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 31 19 46 at 8:00A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 29 19 46 to July 31 19 46
and that I last saw him alive on July 31 19 46

Immediate cause of death
Pulmonary Tuberculosis DURATION 1 1/2 Yrs

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____
Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE J. B. Lynn M. D. XXXX
Address State Sanatorium, Md. Date signed 7/31/46

RECEIVED

AUG 2 1946

BUREAU V. L.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

Reg. Dist. No. 0701331

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 5 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 21 East 3rd Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

GUY CLEMENT ROSE

3. (b) Social Security Number

220-22-7632

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced
 6.(b) Name of husband or wife Gloria Davis Rose
 6.(c) If alive, give age 64 years
 7. Birth date of deceased (mo., day, yr.) November 23, 1880
 8. AGE: Years 65 Months 7 Days 26 If less than one day
hrs. min.

9. Birthplace Woodshoro, Frederick Co., Maryland
 (Town, county, and state)

10. Usual occupation Deputy Internal Revenue Collector

11. Industry or business

FATHER 12. Name Adam Rose
 13. Birthplace Adams Co., Pa.

MOTHER 14. Maiden name Jane Dolanlaine
 15. Birthplace Woodshoro, Maryland

16. Informant Gloria Davis Rose
 Address Frederick, Maryland

17. Burial Date thereof July 22, 1946
 (Burial, cremation, or removal. Which) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
Frederick, Maryland
 Location

18. Funeral director C. E. Cline & Son
 Address Frederick, Maryland

19. 22 July 1946 Elizabeth G. Webb
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946, at 6 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 1 1946 to July 19 1946
 and that I last saw him alive on July 17 1946
 Immediate cause of death

Cerebral Vascular Disease DURATION 1 mo.
 Due to
 Other conditions Arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings of operations None Date of op.
 Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE A. Guste Pearce, M.D. M.D. or other
Frederick, Md Address Date signed 7/20/46

RECEIVED
JUL 23 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07014

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematorium

Location

19. Funeral director

Address

20. Signature

Date signed

21. Signature

Date signed

22. Signature

Date signed

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new-born infants give residence of mother)

State Maryland County FrederickCity or town Frederick (If outside city or town limits, write RURAL and give nearest town)Street No. 227 E. 3d

(If rural, give LOCATION)

2. (a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 30 1946 at 2 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 25 1946 to July 30 1946and that I last saw him/her alive on July 30 1946

Immediate cause of death

Cerebral hemorrhageDue to Birth injury

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Bernard Thomas J. M.D.Address Frederick, Md.Date signed July 30, 194631- July 1946 Elizabeth G. Heck Registrar

CERTIFICATE OF DEATH

RECEIVED

AUG 16 1946

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:

County... FrederickCity or town... Middletown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 22 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MD. County... FrederickCity or town... Middletown
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war.

3. (a) FULL NAME

Frank Cary Ryan4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Caroline F. Ryan6. (c) If alive, give age 64 years7. Birth date of deceased (mo., day, yr.) June 27, 18818. AGE: Years 65 Months 0 Days 24 hrs. min.9. Birthplace Hippinsport, Ohio
(Town, county, and state)10. Usual occupation Veterinarian

11. Industry or business

12. Name Samuel Ryan13. Birthplace Hippinsport, Ohio14. Maiden name Barbara Groppenhacker15. Birthplace Germany16. Informant Caroline F. RyanAddress Middletown, Md.17. Burial Date thereof 7-24-46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Reform CemeteryLocation Middletown, Md.18. Funeral director Gledhill Co.Address Middletown, Md.19. July 23 19 46 Marie Gledhill
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 19 46 at 4:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 20 19 46 to July 21 19 46
and that I last saw him alive on July 21 19 46

Immediate cause of death

DURATION

Cerebral Hemorrhage 22 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE J. Harp M.D. or otherAddress Middletown Date signed 7-23-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 25 1946
BUREAU OF A. R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

07016

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick
 City or town Thurmont- rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 80 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Thurmont- rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. none
 (If rural, give LOCATION)
 No
 2.(a) If veteran, name war.....

3. (a) FULL NAME

John Thomas Speak

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Jennie Bowers
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) Sept. 23, 1856
 8. AGE: Years 89 Months 9 Days 24 If less than one day
hrs.min.

9. Birthplace Creagerstown, Feredrick Co. Md
 (Town, county, and state)

10. Usual occupation Retired.

11. Industry or business Thresher

12. Name John Speak

13. Birthplace Creagerstown, Md.

14. Maiden name Unknown

15. Birthplace

16. Informant Clyde Speak
 Address Thurmont. Md. R.D.

17. Burial Date thereof July 9, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Creagerstown Cemetery

Location Creagerstown, Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Md.

19. July 8 1946 Blauche S. Eyles
 (Date reg'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1946 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 3 1946, to July 7 1946
 and that I last saw him alive on July 6, 1946 1946

Immediate cause of death myocarditis, chronic DURATION ?

Due to.....

Due to.....

Other conditions arteriosclerosis ?

(Include pregnancy within 3 months of death)

Major findings of operations none

.....Date of op.

Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. Franklin Baily MD M. D. or other

Address Thurmont Md. Date signed July 8, 1946

RECEIVED
JUL 9 1946
BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-4

CERTIFICATE OF DEATH

07017

Reg. Dist. No. 139

1. PLACE OF DEATH:

County... **Frederick**
 City or town... **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 5/21/46**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since 5/21/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... **Maryland** County... **Wicomico**
 City or town... **Salisbury**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **606 Camden Ave.**
 (If rural, give LOCATION)
 2.(a) If veteran, name war... ☒

3. (a) FULL NAME

George Spencer

3. (b) Social Security Number

139-05-2816

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Separated6. (b) Name of ~~husband~~ wife**Inez Spencer**

7. Birth date of deceased (mo., day, yr.)

May 15, 1904

6. (c) If alive, give age... years

8. AGE:

Years

Months

Days

If less than one day

42**2****5**

hrs.

min.

9. Birthplace

Philadelphia, Pa.

(Town, county, and state)

10. Usual occupation

Bricklayer

11. Industry or business

FATHER
MOTHER12. Name... **William Spencer**13. Birthplace... **England**14. Maiden name... **Ruth Shaw**15. Birthplace... **England**

16. Informant

Tom W. HansonAddress **606 Camden Ave., Salisbury, Md.**

17. (Burial, cremation, or disposal, Which?)

Date thereof...

7/24/46

Cemetery or crematory...

Location...

18. Funeral director

M. L. Greager & Son

Address

Thurmont, Maryland

19.

(Date rec'd by registrar)

19

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... **July 20** 19... **46** at **6:25P** M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **May 21** 19... **46** to **July 20** 19... **46** and that I last saw him alive on **July 20** 19... **46**

Immediate cause of death

Pulmonary Tuberculosis

DURATION

4 Mos.

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

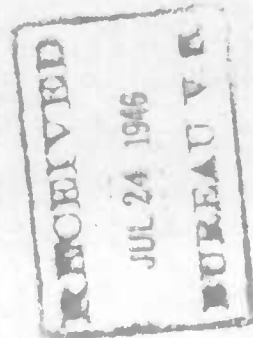
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

State Sanatorium, Md. Date signed **7/22/46**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1860

CERTIFICATE OF DEATH

Reg. Dist. No. 131

07468

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred:

Frederick Co. Emergency HospitalHow long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Adamstown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2. (a) If veteran, name war _____ NONE

3. (a) FULL NAME

ELLA BELL SPRING

3. (b) Social Security Number

NONE

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow6. (b) Name of husband or wife David W. Spring

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

August 21, 1865

8. AGE:

Years

Months

Days

If less than one day

80110

hrs.

min.

9. Birthplace Loudon Co., Virginia
(Town, county, and state)10. Usual occupation Housewife11. Industry or business At Home12. Name Mortimer Edwards13. Birthplace Loudon Co., Virginia14. Maiden name Sarah Ann Beaner15. Birthplace Loudon Co., Virginia16. Informant Miss Bernice SpringAddress Adamstown, Maryland17. Burial Date thereof 7/24/46
(Burial, cremation, or removal - Which?) (month) (day) (year)Cemetery or crematory Union CemeteryLocation Lovettsville, Virginia19. Funeral director M. R. Etchison & SonAddress Frederick, Maryland19. 23 - July 19 46 Elizabeth S. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 19 46, at 12:50 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 30 19 46, to July 21 19 46, and that I last saw her alive on July 21 19 46.

Immediate cause of death

Chronic Nephritis with uremia

DURATION

5 years

Due to

Due to Accidental fallOther conditions Fracture neck right femur3 weeks

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of June 30, 1946Where did injury occur? Adamstown Frederick Maryland
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) at homeMeans of injury Fall

Injured at work?

23. SIGNATURE Bernard Huwas Jr. M.D. M. D. or otherAddress Frederick, Maryland Date signed 7/22/46

RECEIVED
JUL 24 1946
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

07018

134

1. PLACE OF DEATH:

County.....**Fredrick**
 City or town.....**Emmitsburg, Md.**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....**36 years**
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State.....**Maryland** County.....**Fredrick**
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....**Emmitsburg**
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....**WW**

3.(a) FULL NAME

Anna Belle Springer

3.(b) Social Security Number

None

4. Sex.....**Fm** 5. Color or race.....**white** 6.(a) Single, married, widowed, or divorced.....**married**
 6.(b) Name of husband or wife.....**C.C. Springer**
 6.(c) If alive, give age.....**66 years**
 7. Birth date of deceased (mo., day, yr.).....**March 9, 1884**
 8. AGE: Years.....**62** Months.....**4** Days.....**15** (If less than one day)..... hrs. min.

9. Birthplace.....**Adams Co., Pa.**
 (Town, county, and state)
 10. Usual occupation.....**Housewife**
 11. Industry or business.....

FATHER 12. Name.....**David Bentzell**
 13. Birthplace.....**Adams Co., Pa.**
MOTHER 14. Maiden name.....**Mary Elizabeth Willet**
 15. Birthplace.....**Adams Co., Pa.**
 16. Informant.....**C. C. Springer**
 Address.....**Emmitsburg, Md.**

17. **burial** Date thereof.....**July 28, 1946**
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)
 Cemetery or crematory.....**Mountain View Cemetery**
 Location.....**Emmitsburg, Md.**
 18. Funeral director.....**S. L. Allison**
 Address.....**Emmitsburg, Md.**

19. **July 27** 19**46** **M. F. Shuff**
 (Date rec'd by registrar)..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....**July 24** 19**46** at **8 A** M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **1930** to **July 24** 19**46**
 and that I last saw him/her alive on **July 24** 19**46**
 Immediate cause of death.....**congestive heart failure with anoxia**
 DURATION.....**6 mo.**
 Due to.....**chronic myocarditis several years**
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....

23. SIGNATURE.....**W. R. Castle M.D.**
 Address.....**Emmitsburg Md** Date signed.....**7-27-46**

RECEIVED

AUG 2 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

07019

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency HospitalHow long in hospital or institution? 0 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. P.F.S. #4
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

Nathan Titus Stout

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

November 2, 1868

6. (c) If alive, give age _____ years

8. AGE:

77 Years8 Months21 Days

If less than one day

Mrs.

min.

9. Birthplace

Soudan County, Virginia.
(Town, county, and state)

10. Usual occupation

Collector of Bids

11. Industry or business

FATHER
MOTHER

12. Name

John Lake Stout

13. Birthplace

Pinhook, New Jersey

14. Maiden name

Margaret Sue Titus

15. Birthplace

Soudan County, Virginia

18. Informant

Emergency Dr. - Fredk Md.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

7/26/46
(month) (day) (year)

Cemetery or crematory

Fairfax Cemetery

Location

Leesburg, Virginia

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland19. 25 July

(Date rec'd by registrar)

19. 46Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 23, 1946 at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 13, 1946 to July 23, 1946
and that I last saw him alive on July 23, 1946

Immediate cause of death

Bronchio-pneumonia

DURATION

4 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

injured at work?

23. SIGNATURE

Bernard Thomas G. M.P.
Frederick, Md. M. D. or other
Address Date signed 7-23-46

UNITED STATES DEPARTMENT OF HEALTH

Public Health Service

CERTIFICATE OF DEATH

NO. 10-1011-10-10

RECEIVED

JUL 27 1945

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07020

Reg. Dist. No. 139

1. PLACE OF DEATH:

County... **Frederick**
City or town... **State Sanatorium, Maryland**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **Since 3/13/46**
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? **Since 3/13/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... **Maryland** County...
City or town... **Baltimore**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **1509 N. Washington St.**
(If rural, give LOCATION)
2. (a) If veteran, name war...

3. (a) FULL NAME

Dorothy May Swartz

3. (b) Social Security Number

214-18-5424

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband ~~XXX~~ **William Swartz**

6. (c) If alive, give age. **24** years

7. Birth date of deceased (mo., day, yr.) **Feb. 24, 1923**

8. AGE: Years **23** Months **4** Days **23** If less than one day
hrs. min.

9. Birthplace **Baltimore, Maryland**
(Town, county, and state)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Emil Pfeifer**

13. Birthplace **Baltimore, Md.**

14. Maiden name **Florence Bremont**

15. Birthplace **Baltimore, Md.**

16. Informant **Deceased**

Address

17. **Burial** Date thereof **July 20, 1946**
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Baltimore Cem.**

Location **Baltimore, Md.**

18. Funeral director **M. L. Creager & Son**

Address **Thurmont, Maryland**

19. (Date rec'd by registrar) 19... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **July 17** 19 **46** at **7:15A** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **March 13** 19 **46** to **July 17** 19 **46**.

and that I last saw him/her alive on **July 17** 19 **46**.

Immediate cause of death **Pulmonary Tuberculosis**

DURATION

7 Mos.

Due to...

Due to...

Other conditions...

(Include pregnancy within 8 months of death)

Major findings of operations... Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **J. A. Lynn** M. D.

Address **State Sanatorium, Md.** Date signed **7/17/46**

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 19 1946
BUREAU VS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (16-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

07021

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

155 B and O Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 155 B and O Avenue
 (If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

BABY THOMAS

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 31st, 1946
 6.(c) If alive, give age.....years

8. AGE: Years Months Days If less than one day
0 0 0 11 hrs. min.

9. Birthplace Frederick-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

12. Name Dale Lewis13. Birthplace Salisbury, Maryland14. Maiden name Helen Thomas15. Birthplace Near Middletown, Maryland16. Informant Helen ThomasAddress 155 B & O Ave., Frederick, Md.17. Burial Date thereof 8/1/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Knoxville CemeteryLocation Near Knoxville, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 1-Aug 19 46 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31st 19 46 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 31 19 46 to July 31 19 46
 and that I last saw him alive on July 31 19 46

Immediate cause of death Cerebral hemorrhage
 DURATION 6 hrs.

Due to Birth injury

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE Bernard Thomas M. D.Address Frederick, Maryland Date signed 8-1-46

RECEIVED

AUG 3 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (L8)

CERTIFICATE OF DEATH

Reg. Dist. No. 136

1. PLACE OF DEATH:

County Frederick
 City or town Ijamsville-Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 Month
 Hospital, institution, or street address where death occurred:
Centerville
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Ijamsville-Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Centerville
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war

3. (a) FULL NAME

EVELYN DELORES THOMPSON

3. (b) Social Security Number

None

4. Sex F 5. Color or race C 6.(a) Single, married, widowed, or divorced S
 6.(b) Name of husband or wife
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) June 8, 1946
 8. AGE: Years 0 Months 1 Days 0 It less than one day
hrs.min.

9. Birthplace Centerville-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Unknown
 13. Birthplace Unknown

MOTHER 14. Maiden name Evelyn V. Thompson
 15. Birthplace Frederick County Maryland

16. Informant Evelyn V. Thompson
 Address Ijamsville, Md. - Rural

17. Burial Burial Date thereof 7/8-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Ebenezer Cemetery
 Location Ijamsville, Md. - Rural

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. Y/8 1946 E.O. Hudson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1946 at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 to
 and that I last saw him/her alive on July 8 1946

Immediate cause of death Malnutrition
 DURATION 1 month

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P.W. Bar Deputy Med
 M. D. or other

Address Frederick, Md Date signed 7.8.46

RECEIVED
JUL 10 1946
BUREAU V.A.

23. SIGNATURE [Signature] M. D. or other _____
Address [Address] Date signed 7-23-4

RECEIVED
AUG 2 1946
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-6

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Emergency Hospital

How long in hospital or institution?

3. (a) FULL NAME

William Elder Welty

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widower

6. (b) Name of husband or wife

Adelle Rosesteel

7. Birth date of

deceased (mo., day, yr.)

July 16 - 1946

6. (c) If alive, give age

years

8. AGE:

Years Months Days If less than one day

86 0 5 hrs. min.

9. Birthplace

Frederick County, Maryland

10. Usual occupation

Retired Farmer

11. Industry or business

Charles Bernard Welty

12. Name

Frederick County, Maryland

13. Birthplace

Margaret Catherine Reed

14. Maiden name

Missouri

15. Birthplace

Virginia Lee

16. Informant

Emergency Hosp. Fredk. Md

17. Address

Burial

18. Cemetery or crematory

St. Anthony's Shrine

19. Location

Emmitsburg, Md.

20. Funeral director

S. L. Allison

21. Address

Emmitsburg, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 21 1946 at 12 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 8 1946 to July 21 1946and that I last saw him/her alive on July 21 1946

Immediate cause of death

Chronic Nephritis

DURATION

10 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Xena

Address

Frederick, Md.Date signed July 21, 1946

CERTIFICATE OF DEATH

RECEIVED

JUL 23 1946

BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-a)

07025

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Adamstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 Month

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Doubs
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

EMMA VIRGINIA WILLARD

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife L. Edward Willard

6. (c) If alive, give age 88 years

7. Birth date of deceased (mo., day, yr.) July 10, 1855

8. AGE: Years 90 Months 11 Days 28 If less than one day _____ hrs. _____ min.

9. Birthplace Nr. Doubs-Frederick-Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Tilghman Myers

13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Lucinda Remsburg

15. Birthplace Frederick County Maryland

16. Informant L. Edward Willard

Address Doubs, Maryland

17. Burial Date thereof 7/11/46
(Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

9 July 1946 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8th 1946 at 4:10A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1939 to 7 July 1946 and that I last saw her alive on 7 July 1946

Immediate cause of death Acute Cardiac Decompensation DURATION 48 hrs.

Due to Arterio-sclerotic Cardiovascular renal dis. 20 yrs.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Charles H. Conley M.D.

_____ M.D. or other

Address Frederick, Maryland Date signed 7-9-46

MARGIN RESERVED FOR BINDING

(1)

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 10 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

07026

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH:

County... *Frederick*City or town... *New Market*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Columbus W. Williams

3. (b) Social Security Number

4. Sex

M

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.)

June 30, 1856

8. AGE:

90 Years

Months

Days

If less than one day

28 hrs.

min.

9. Birthplace

Frederick Co.,
(Town, county, and state)

10. Usual occupation

labor

11. Industry or business

12. Name... *Upton Williams*

13. Birthplace

unknown

14. Maiden name

Harriet Chambers

15. Birthplace

unknown

16. Informant

Charles C. Williams

Address

Mt. Airy Md.

17. (Burial, cremation, or removal) (Which?)

Burial Date thereof (month) (day) (year) *Aug. 1, 1946*

Cemetery or crematory

Simpson Cem.,

Location

New Market Frederick Co.

18. Funeral director

H. M. Snyder

Address

Mt. Airy

19. (Date rec'd by registrar)

July 30, 1946 Registrar *W. D. Runkles*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 28, 1946, at 6 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*July 12, 1946, to July 28, 1946*and that I last saw him alive on *July 12, 1946*

Immediate cause of death

Cerebral arterio-sclerosis

DURATION

10 yrs

Due to

*Generalized arterio-sclerosis**20 yrs*

Due to

sclerosis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Donald J. Runkles M. D. or other

Address

New Market Md. Date signed *July 30, 1946*

RECEIVED
AUG 1 1946
BUREAU V E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 4/2/46
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 4/2/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 317 S. Highland Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Ivan R. Wood

3. (b) Social Security Number

22605-9311

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of ~~husband~~ wife Janet B. WoodB. (c) If alive, give age 26 years

7. Birth date of

deceased (mo., day, yr.)

April 11, 1909

8. AGE:

Years

Months

Days

If less than one day

3738

.....hrs.min.

9. Birthplace

Fordweck, Va.

(Town, county, and state)

10. Usual occupation

Electrician

11. Industry or business

FATHER

12. Name

Luther Wood

13. Birthplace

Virginia

MOTHER

14. Maiden name

Alice B. Fridley

15. Birthplace

Virginia

16. Informant

Deceased

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 19 46, at 4:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 219 46to July 1919 46and that I last saw him alive on July 19 19 46

Immediate cause of death

Pulmonary Tuberculosis

DURATION

5 Yrs.Tuberculosis of Feet5 Yrs.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. StateAddress State Sanatorium, Md. Date signed 7/19/46

RECEIVED

JUL 12

RECEIVED

BUREAU JUL 12 1946

BUREAU V &

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 520

CERTIFICATE OF DEATH

07028

Reg. Dist. No. 139

1. PLACE OF DEATH:

County FrederickCity or town Rural nr. Lantz
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Co.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Lantz
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Cascade
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mirta Alace Wright

3. (b) Social Security Number

None4. Sex Female 5. Color of race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Albert J. Wright7. Birth date of deceased (mo., day, yr.) July 8, 1877 6. (c) If alive, give age 71 years8. AGE: Years 69 Months — Days 3 If less than 000 day hrs. min.9. Birthplace Calhoun Co. W. Va.
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

FATHER 12. Name Edward Witta13. Birthplace GermanyMOTHER 14. Maiden name Virginia White15. Birthplace Stump Town W. Va.16. Informant Mrs. Obed BaileyAddress Lantz, Md.17. K. July 13 46
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)Cemetery or crematory HagerstownLocation Hagerstown18. Funeral director L. F. ReeherAddress Funkstown, Md.19. 7/13 46
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1946 at 4 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1945 to July 11 1946
and that I last saw him alive on 7-8-46 1946

Immediate cause of death

Carcinoma of left kidney

DURATION

Due to

Due to

Other conditions

Carcinoma of spine and lungs
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

W. B. Briggs
W. B. Briggs

M. D. or other

Date signed 8/1/46

RECEIVED
JUL 15 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (312)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

07029

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 years
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rosemont Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

LEIDY DETWILER ZERN

3. (b) Social Security Number

215-10-2666

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Mildred Naomi Heller
 6.(c) If alive, give age 36 years
 7. Birth date of deceased (mo., day, yr.) September 27, 1902
 8. AGE: Years 13 Months 9 Days 11 If less than one day
hrs.min.
 9. Birthplace Trooper, Pa.
 (Town, county, and state)
 10. Usual occupation Dairy Field Inspector
 11. Industry or business

FATHER 12. Name John S. Zern
 13. Birthplace Obelisk, Pa.
 MOTHER 14. Maiden name Annabelle Detwiler
 15. Birthplace Obelisk, Pa.

16. Informant Mrs. Leidy Zern
 Address Rosemont Avenue

17. Burial Date thereof July 10, 1946
 (Burial, cremation, or removal. Which?) (month), (day), (year)
 Cemetery or crematorium Lower Providence Presbyterian
 Location Trooper, Pa.

18. Funeral director C. E. Cline & Son
 Address Frederick, Maryland

19. 9-July 1946 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1946 at 5:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1945 to July 8 1946
 end that I last saw him alive on July 8 1946

Immediate cause of death Cerebral Decomposition
 Due to Cerebral Vascular Disease

Due to Disease
 Other conditions Hypertensive Crises

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE J. Lawrence Fakhry MD
Frederick Md M. D. or other
 Address..... Date signed 7-9-46

DURATION

1 year

3 years

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

OFFICE OF THE REGISTRAR

CERTIFICATE OF DEATH

RECEIVED
JUL 10 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

07030

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 years
 Hospital, institution, or street address where death occurred:
122 E. Third St Frederick
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 122 East Third Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Emma Minerva Zimmerman

3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widow

6. (b) Name of husband or wife John Franklin Zimmerman

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 30, 18688. AGE: Years Months Days If less than one day
78 5 8 hrs. min.9. Birthplace Middletown Frederick Maryland
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name Charles Rooge13. Birthplace Maryland14. Maiden name Charlotte Morse15. Birthplace Maryland16. Informant Russell Zimmerman SonAddress Magnolia Ave Frederick Md17. Burial (Burial, cremation, or removal, which?) Date thereof July 10, 1946
(month) (day) (year)Cemetery or crematorium New Market CemeteryLocation New Market Maryland18. Funeral director W.E. FalconerAddress New Market Maryland19. 9 July 1946 Elizabeth G Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1946 at 1 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1946 to July 9 1946and that I last saw him alive on July 9 1946Immediate cause of death Myocardial Heart DURATIONDue to Myocardial Heart

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. J. Sturges M. D. or otherAddress Frederick Md Date signed 7-9-46

RECEIVED

JUL 10 1946

BUREAU V S